

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Sparrow PHP

NAIC	•	C Company Code	11537 Employer's	ID Number <u>36-4497604</u>
Organized under the Laws of		, Stat	e of Domicile or Port of E	intry MI
Country of Domicile		United States of A	merica	
Licensed as business type:	Н	ealth Maintenance C	rganization	
Is HMO Federally Qualified?	Yes[]No[X]			
Country of Domicile United States of America Country of Domicile United States of America Licensed as business type: Indicated States of America Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X] Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X] Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X] Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X] City or Town. State, Country and Zip Code) (City o		01/01/2003		
Statutory Home Office	1400 East Michigan Avenue	,		Lansing , MI, US 48912
<u> </u>	(Street and Number)		(City o	or Town, State, Country and Zip Code)
Main Administrative Office		1400 East Michigan	Avenue	
	Lansing MLUS 48912	(Street and Nun	nber)	517-364-8400
(City or			(,	
Mail Address	<u> </u>			9 : :
Primary Location of Books and	1 Records	1400 East Michiga	Ανερμε	
Tilliary Location of Books and				
(City or			(
, .	Town, State, Seartly and Lip Seasy			(Total Phono Nambor)
Internet Website Address		www.pnpmicniga	n.com	
Statutory Statement Contact			, ,	
	,			, , , ,
	(E-mail Address)			(FAX Number)
		OFFICERS	6	
· -	Dennis J. Reese		Treasurer _	Kevin Essenmacher
	George Schneider		_	
		OTHER		
Dannia				
Dennis	J. Reese	James Bulle	r III	
State of	Michigan			
	SS:			
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require respectively. Furthermore, the exact copy (except for formatt	sets were the absolute property of the said and exhibits, schedules and explanations there d reporting entity as of the reporting period s Annual Statement Instructions and Accounting differences in reporting not related to accurate e scope of this attestation by the described of the scope of the scop	reporting entity, free ein contained, annexe tated above, and of i ng Practices and Pro ounting practices an officers also includes	and clear from any lien ad or referred to, is a full ts income and deduction cedures manual except d procedures, accordin the related correspondi	s or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the s therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state g to the best of their information, knowledge and belief, ng electronic filing with the NAIC, when required, that is an
		•		
	re me this		b. If no,	nent number

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals		0. 00 = 0,0		0.0.00 = 0.y0		
Group Subscribers:						
	-					
	·					
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)						

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0	0	0	0	0	0	
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	0	0	0	70,982	70,982	0
0299999. Total Claim Overpayment Receivables	0	0	0	70,982	70,982	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0	0	0	0	0	0	
0699998. Aggregate Other Receivables Not Individually Listed				59,188	59,188	
0699999. Total Other Receivables	0	0	0	59, 188	59, 188	0
0799999 Gross health care receivables	0	0	0	130,170	130,170	0

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece	eivables Collected the Year		eivables Accrued 31 of Current Year	5	6
	1	2	3	4		Estimated Health Care
	On Amounts Accrued	On Amounts Accrued	On Amounts Accrued December 31 of	On Amounts Accrued	Receivables in Prior Years	Receivables Accrued as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables	143,570	0	0	0	143,570	146,000
Claim overpayment receivables	15,369	481,859	70,982	0	86,351	15,369
Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
Risk sharing receivables					0	0
6. Other health care receivables	249,205	1,035,254	59,188	0	308,393	372,458
7. Totals (Lines 1 through 6)	408,144	1,517,113	130,170	0	538,314	533,827

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis	of Unpaid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	Δ	Λ	0	Λ	0	
D299999. Aggregate accounts not individually listed- uncovered	0	0	U	0	U	
	500	1 000		100		
0399999. Aggregate accounts not individually listed-covered	539	1,826	0	199	0	2,56 2,56
0499999. Subtotals	539	1,826	0	199	0	2,56
0599999. Unreported claims and other claim reserves						47,43
0699999. Total amounts withheld						
0799999. Total claims unpaid						50,00
0899999 Accrued medical incentive pool and bonus amounts	1	<u> </u>	U.		1	

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

	0	,	4	F	6	Adm	itta d
	2	3	4	Э	Ö	Adm	illeu
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	8 Non-Current
Physicians Health Plan	37,343					37,343	
0199999. Individually listed receivables	37,343	0	0	0	0	37,343	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	37,343	0	0	0	0	37,343	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
				,
	IONE			
0399999 Total gross payables				

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers.	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	364,573		XXX	XXX		364,573
6. Contractual fee payments	6,533,143	83.4	XXX	XXX	6,533,143	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	938,513		XXX	XXX	938,513	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	7,836,229		XXX	XXX	7,471,656	364,573
13. TOTAL (Line 4 plus Line 12)	7,836,229	100%	XXX	XXX	7,471,656	364,573

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Authorized
NAIC Code	Name of Intermediary	Gapitation Faiu	Gapitation	Total Aujusteu Gapital	Control Level NBC
				†	
				†	
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

NONE



570,092

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE SPARROW PHP

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPOF	RT FOR: 1. CORPO	RATION Spa	arrow PHP				2.	Lansing, MI				
										(LOCATION	l)	
NAIC G	iroup Code	3408	BUSINESS IN THE STATE OF					DURING THE YE	AR 2016	NAIC Com	pany Code	11537
			1	Comprehensive (Hos		4	5	6	7	8	9	10
			Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total N	Members at end of:											
1.	Prior Year		21,584	703							20,881	
2.	First Quarter		0									
3.	Second Quarter		0									
4.	Third Quarter		0									
5.	Current Year		0									
6.	Current Year Member	Months	0									
Total N	lember Ambulatory E	ncounters for Year:										
7	Physician		268	3							265	
8.	Non-Physician		27	0							27	
9.	Total		295	3	0	0		0 0	0	0	292	0
10.	Hospital Patient Days	Incurred	0									
11.	Number of Inpatient A	dmissions	0									
12.	Health Premiums Writ	tten (b)	1,190,522	0							1,190,522	
13.	Life Premiums Direct		0									
14.	Property/Casualty Pre	miums Written	0									
15.	Health Premiums Earn	ned	1,190,522	0							1,190,522	
16.	Property/Casualty Pre	miums Earned	0									
17.	Amount Paid for Provi	sion of Health Care S	Services	65,739							7,770,490	

18 Amount Incurred for Provision of Health Care Services

⁽a) For health business: number of persons insured under PPO managed care products

^{.....} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Sparrow PHP 2. Lansing, MI (LOCATION)

NAIC Group Code 3408 BL	JSINESS IN THE STATE OF	Grand Total				DURING THE YE	AR 2016	NAIC Cor	npany Code	11537
<u> </u>	1	Comprehensive (Ho		4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	21,584	703	0	0	0	0	0	0	20,881	
2. First Quarter	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	268	3	0	0	0	0	0	0	265	
8. Non-Physician	27	0	0	0	0	0	0	0	27	
9. Total	295	3	0	0	0	0	0	0	292	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	1,190,522	0	0	0	0	0	0	0	1,190,522	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,190,522	0	0	0	0	0	0	0	1,190,522	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Service	es7,836,229	65,739	0	0	0	0	0	0	7,770,490	
18 Amount Incurred for Provision of Health Care Ser	rvices 636,551	66,459	0	0	0	0	0	0	570,092	

⁽a) For health business: number of persons insured under PPO managed care products

^{.....0} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

Schedule S - Part 7

NONE

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories Direct Business Only 5 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and Individual) (Group and Individual) (Group and Deposit-Type States, Etc. Individual) Contracts Totals 1. Alabama 3. ... AZ 4. AR 5. California ... CA 6 Colorado CO 7. Connecticut 8. _____ DE Delaware 9. 10. Florida FL 11. Georgia GA Hawaii HI 13.ID 14.IL IndianaIN 15 16. lowaIAKS 17. Kansas KY 18. KentuckyLA 19. Louisiana 20. Maine ME 21. MD Maryland 22. Massachusetts MA 23. Michigan MI 24. Minnesota MN 25. Mississippi MS 26. Missouri MO MT 27. Montana 28. Nebraska 29. Nevada 31. New Jersey 32. New Mexico 33. New York 34. North Carolina NC ND 35. North Dakota OH 36. Ohio 37. Oklahoma OK 38. OR Oregon 39. Pennsylvania PA 40. RI 41. South Carolina _____ SC 42. South Dakota SD 43 Tennessee TN 44 Texas TX Utah UT 45. Vermont VT 46. 47. Virginia VA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53 Guam GU PR 54. Puerto Rico 55. U.S. Virgin Islands ______VI 56. Northern Mariana Islands MP 57. Canada CAN Aggregate Other Alien OT 58.

59.

Total

4

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE SPARROW PHP

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	-		7	3	U	'	l o		10	11	Type	If	17	10	10
											of Control	Control			
												io		ls an	
						N (0 '''			D 1 "		(Ownership,	is			
						Name of Securities		l	Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
			38-1490180	0	0		SPARROW CARSON HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-3218134	0	0		SPARROW IONIA HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			46-4526659	0	0		SPARROW CARE NETWORK, LLC	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-6100687	0	0		SPARROW FOUNDATION	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-2594856	0	0		PHYSICIANS HEALTH NETWORK	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-2543305	0	0		SPARROW COMMUNITY CARE	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			14-1885340	0	0		SPARROW SPECIALTY HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-1358172	0	0		SPARROW CLINTON HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-1360584	0	0		EW SPARROW HOSPITAL ASSOCIATION	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-2595963	0	0		SPARROW DEVELOPMENT, INC	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-3075242	0	0		SPARROW CLINICAL RESEARCH INSTITUTE	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-2886420	0	0		EAST LANSING ATHLETIC CLUB	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
3408 PHYS	SICIANS HEALTH PLAN	95849	38-2356288	0	0		PHYSICIANS HEALTH PLAN	MI	IA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
3408 PHYS	SICIANS HEALTH PLAN	11537	36-4497604	0	0		SPARROW PHP	MI	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
	SICIANS HEALTH PLAN	12816	20-5565219	0	0		PHP INSURANCE COMPANY	MI	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
PHYS	SICIANS HEALTH PLAN		38-3344741	0	0		PHP SERVICE COMPANY	MI	NI A	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	Y	
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						1								- 1	

Asterisk	Explanation

SCHEDULE Y

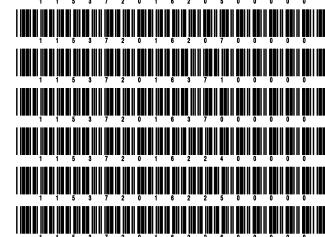
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1			1 7111 6	COMM			IIIAIIOAC	VIIONO W		~!!!			
NAIC Operation	1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Number Names of Insurers and Parent, Code Number Subsidiaries or Affiliates Dividends Contributions							Income/						
NAIC Company Number Names of Insurers and Parent, Code Number Subsidiaries or Affiliates Dividends Contributions							(Disbursements)						
Name of Insurers and Parent, Shareholder Company Code Number Shareholder Dividends Capital Mortage Loans or the Benefit of any Agreements and Service Contracts Agreements and Agreements and Agreements and Service Contracts Savice Contract						Purchases, Sales							Reinsurance
Name of Insurers and Parent, Shareholder Company Code Number Shareholder Dividends Capital Mortage Loans or the Benefit of any Agreements and Service Contracts Agreements and Agreements and Agreements and Service Contracts Savice Contract						or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
Name of Insurers and Parent, Shareholder Company Code Number Shareholder Dividends Capital Mortage Loans or the Benefit of any Agreements and Service Contracts Agreements and Agreements and Agreements and Service Contracts Savice Contract						Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
Company D Names of Insurers and Parent, Schareholder Capital Code Capital Number Code Capital Number Subscitates or Affiliates Dividends Contributions Service Cortextes Agreements Service Cortextes	NAIC						Undertakings for		Incurred Under		Ordinary Course of		Losses and/or
Code Number Subsidiaries or Affiliates Dividends Contributions Other Investments Affiliate(s) Service Contracts Agreements * Business Totals Taken/(Liability)	Company	ID	Names of Insurers and Parent,		Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
95849 38 -2556288 Physicians Health Plan (162,841,548) (162,841,548) (173,656) (373,65	Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95849 38-256288		38-2594856	Physicians Health Network					157,706,208				157,706,208	
11537 38-4497604 Sparrow PIP	95849	38-2356288	Physicians Health Plan					(162,841,548)				(162,841,548)	
38-3344741 PPP Service Company (4,022,388) (4,022,388) (3,568,307)			Sparrow PHP					(373,656)					
12816 20-5565219			PHP Service Company									(4,022,398)	
38-1360584 Sparrow Health System 13,099,702 13,099,702 13,099,702	12816	20-5565219	PHP Insurance Company					(3.568.307)				(3.568.307)	
			Sparrow Health System										
999999 Control Totals 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													
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9999999 Control Totals 0 0 0 0 0 0 XXX 0 0 0 0													
9999999 Control Totals 0 0 0 0 0 0 XXX 0 0 0 0										<u> </u>			
	9999999 Co	ntrol Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		_	Responses
	MARCH FILING	_	·
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		YES
2.	Will an actuarial opinion be filed by March 1?		YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required,		YES
→.	will the confidential risk-based dapital rieport be filed with the state of domicile, if required,	IES	
	APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?		YES
	will individual agenterit's Discussion and Analysis be flied by April 1:		
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
	This the Addition and Florida Policy Expendence Exhibit Se mod Sy April 11.		iLo
	JUNE FILING		
8.	Will an audited financial report be filed by June 1?		YES
	will all addited illiancial report be filed by duffer is		
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically	with the NAIC by June 1?	YES
	AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted	in Audit be filed with the state of domicile and	
	electronically with the NAIC (as a regulator-only non-public document) by August 1?		YES
	The following supplemental reports are required to be filed as part of your annual statement	filing. However, in the event that your company doe	es not transact the type of
	business for which the special report must be filed, your response of NO to the specific inte	rrogatory will be accepted in lieu of filing a "NONE"	report and a bar code will
	be printed below. If the supplement is required of your company but is not being filed for what		
		liever reason enter SEE EXPLANATION and provide	e an explanation following
	the interrogatory questions.		
	MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicil	and the NAIC by March 12	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC		NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile	and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile b		YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrog	atories 1 and 2 on Exhibit 5 to Life Supplement	
	be filed with the state of domicile and electronically with the NAIC by March 1?		NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhib		
10.			NO
	domicile and electronically with the NAIC by March 1?		NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NA	IC by March 1?	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year	otation requirement for lead audit partner be filed	
10.			NO
	electronically with the NAIC by March 1?		NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year	cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?		NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirem	ents for Audit Committees he filed electronically	
20.			NO
	with the NAIC by March 1?		NO
	APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the Na	AIC by April 1?	YES
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?		NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with	any state that requires it, and, if so, the NAIC?	NO
	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicil		
24.			NO
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation F	eport be filed with the state of domicile and the	
	NAIC by April 1?	•	NO
	AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state	of domicile by August 1?	YES
	Explanations:		
	·		
11.	Not Applicable		
12.	Not Applicable		
	• •		
13.	Not Applicable		
15.	Not Applicable		
16.	Not Applicable		
	• •		
18.	Not Applicable		
19.	Not Applicable		
20.	Not Applicable		
22.	Not Applicable		
	··		
23.	Not Applicable	orthogonal design of the control of	
24.	Entity is a Medicaid only HMO. Per NAIC instructions the Entity is considered Government B	usiness and is not required to complete this	
	supplement.		
25.	Entity is a Medicaid only HMO. Per NAIC instructions the Entity is considered Government B	usiness and is not required to complete this	
_5.	, , , , , , , , , , , , , , , , , , , ,	sometic and to not required to complete time	
	supplement.		
	Bar Codes:		
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		
		.2 EN EN ER 111 IV 12 IV 16 IVE 14 EN EN EN IVE 16 EN ER 111 IV EN IV ER IV 18 EN IV ER IV ER IV ER IV ER IV F	
	1 1	5 3 7 2 0 1 6 3 6 0 0 0 (0 0 0
10	Life Supplement [Document Identifier 205]		
12.	Life Supplement [Document Identifier 205]		IBI II BBI II BBI I I I I II
			(B) BB) BB 1881
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	1 1		
13.	Property/Casualty Supplement [Document Identifier 207]		
		7 ال 121 ال 162 إلى 163 إلى 163 إلى الله كا 163 إلى الله 163 إلى إلى 165 إلى 165 إلى 165 إلى 165 إلى	IBI II BBI II BBI I IBBI
	· · · · · · · · · · · · · · · · · · ·	5 3 7 2 0 1 6 2 0 7 0 0	0 0 0
15	Participating Opinion for Exhibit 5 [Document Identifier 271]		181 II 881 II 881 I 1821
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	؟ (ا 201 م 191 م	IBI II BBI II BBI I I I I II
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	1 1	5 3 1 2 4 1 6 3 7 1 0 0 0	U U
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	.2 EL SUL BE III II III II E II III II EEL EL III EE III II EE III II EEL II EEL II EEL II EEL II EEL II FE	
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10	Poliof from the five year rotation requirement for lead quality and the Indian III III III III III III III III III I		
18.	Relief from the five-year rotation requirement for lead audit partner [Document		(B) BB) BB 1881
	Identifier 224]		(B) BB) BB 1881

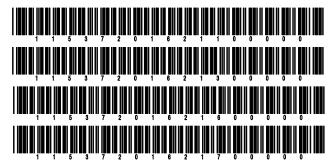


Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

20. Relief from the Requirements for Audit Committees [Document Identifier 226]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Life Supplement [Document Identifier 211]
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]
- 24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]





SUPPLEMENT FOR THE YEAR 2016 OF THE SPARROW PHP

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

	roup Code 3408	(To Be Filed by March 1) Individual Coverage		Group	oany Code 1153	
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1.	Premiums Collected		Similario a		O.m.carca	
	1.1 Standard Coverage					
	1.11 With Reinsurance Coverage		xxx		.L xxx	
	1.12 Without Reinsurance Coverage					
	1.13 Risk-Corridor Payment Adjustments					
	1.2 Supplemental Benefits					
	Premiums Due and Uncollected-change					
	2.1 Standard Coverage					
	2.11 With Reinsurance Coverage					
	2.12 Without Reinsurance Coverage				xxx	
	2.2 Supplemental Benefits		XXX		XXX	XXX
3.	Unearned Premium and Advance Premium-change					
	3.1 Standard Coverage					
	3.11 With Reinsurance Coverage		XXX		XXX	XXX
	3.12 Without Reinsurance Coverage		XXX		XXX	XXX
	3.2 Supplemental Benefits				xxx	xxx
	Risk-Corridor Payment Adjustments-change					
	4.1 Receivable		XXX		XXX	XXX
					1001	1004
	Earned Premiums				·	XXX
	5.1 Standard Coverage		2004		2007	2004
	5.11 With Reinsurance Coverage					XXX
	5.12 Without Reinsurance Coverage				xxx	XXX
	5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
	5.2 Supplemental Benefits		XXX		XXX	XXX
6.	Total Premiums		XXX		XXX	
7.	Claims Paid					
	7.1 Standard Coverage					
	7.11 With Reinsurance Coverage				XXX	
	7.12 Without Reinsurance Coverage		XX		XXX	
	7.2 Supplemental Benefits		XX		XXX	
	Claim Reserves and Liabilities-change					
	8.1 Standard Coverage					
	-		VVV		VVV	VVV
	8.11 With Reinsurance Coverage					
	8.12 Without Reinsurance Coverage					
	8.2 Supplemental Benefits		XXX		XXX	XXX
	Health Care Receivables-change					
	9.1 Standard Coverage					
	9.11 With Reinsurance Coverage					
	9.12 Without Reinsurance Coverage		XXX		XXX	XXX
	9.2 Supplemental Benefits		xxx		xxx	XXX
0.	Claims Incurred					
	10.1 Standard Coverage					
	10.11 With Reinsurance Coverage		xxx		xxx	xxx
	10.12 Without Reinsurance Coverage					XXX
	10.2 Supplemental Benefits		XXX		XXX	XXX
1.	Total Claims		XXX		XXX	7,501
	Reinsurance Coverage and Low Income Cost Sharing		, , , , , , , , , , , , , , , , , , ,		7///	
	12.1 Claims Paid - Net of Reimbursements Applied	XXX		xxx		
	12.2 Reimbursements Received but Not Applied-change					
	12.3 Reimbursements Receivable-change			xxx		
	12.4 Health Care Receivables-change					
	Expenses Paid					
	•					
5.	Expenses Incurred					
6.			XXX		XXX	XXX

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